MATERNAL AND CHILD HEALTH ADVISORY BOARD MEETING MINUTES FEBRUARY 6, 2015 09:00 A.M.

The Maternal and Child Health Advisory Board held a public meeting on February 6, 2015, beginning at approximately 9:25 A.M. at the following locations:

Division of Public and Behavioral Health 4150 Technology Way, Room 303 Carson City, Nevada 89706

Nevada Early Intervention Services 1020 Ruby Vista Drive, Suite 102 Elko, Nevada 89801

BOARD MEMBERS PRESENT

Bonnie Sorenson, Chair, RN, BSN Veronica (Roni) Galas, Vice-Chair, Carson City Health and Human Services (CCHHS)

Tyree Davis, DDS, Nevada Health Centers
Fred Schultz, Founder and CEO of
Foundation for Positively Kids
Lisa Lottritz, Public Health Nursing
Supervisor, Washoe County Health
Department

Department
Marsha Matsunaga-Kirgan, MD, University
of Nevada School of Medicine
Amanda Spletter, Medical Case Manager,
Clark County Department of Family
Services (CCDFS)

Health Care Quality and Compliance 4220 S. Maryland Parkway, Suite 810 Las Vegas, Nevada 89119

AT&T Conferencing Dial-in Toll-Free Number 1-877-336-1831 Participants Code 4756895

BOARD MEMBERS NOT PRESENT

Senator Joseph (Joe) P. Hardy, MD Assemblywoman Ellen Spiegel

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Deborah Aquino, Title V Maternal and Child Health (MCH) Program Manager, Bureau of Child Family and Community Wellness (BCFCW)

Andrea Rivers, Section Manager, Maternal Child and Adolescent Health (MCAH), BCFCW Evelyn Dryer, Home Visiting, MCAH, BCFCW

Vickie Ives, Health Program Specialist, Maternal and Infant Health, BCFCW

Leah Thompson, Program Coordinator, Adolescent Health, BCFCW

Ingrid Mburia, Health Program Specialist, MCH Epidemiology, BCFCW

Sarah Demuth, Health Program Officer, Adolescent Health, BCFCW

Jessica Lamb, Health Program Specialist, Chronic Disease Prevention & Health Promotion (CDPHP), BCFCW

Cailey Hardy, Administrative Assistant, MCAH, BCFCW

Melissa Slayden, Office of Public Health Informatics and Epidemiology, DPBH

Kristine Hughes, MCAH, BCFCW

Debra Vieyra, Children and Youth with Special Health Care Needs Coordinator, MCAH

Laura Hale, Primary Care Office (PCO) Manager, DPBH

Scott Jones, PCO, DPBH

Yucui Liu, Home Visiting, MCAH, BCFCW

Christine Caufield, School Health Program Coordinator, DPBH

OTHERS PRESENT

Barry Lovgren, Public

Regina Washington, Co-Chair, Northern Nevada MCH Coalition

Judy Henderson, Education and Outreach Coordinator, Nevada Network Against Domestic Violence

Noah Kohn, MD Clinical Facility Development

Aisha Bowen, Southern Nevada Health District (SNHD)

Margarita DeSantos, Community Health Nurse Manager, SNHD

Michelle Gorelow, March of Dimes

Amy Khan, MD, Medical Director, Health Care Guidance Program

Ryan Ley, MD, Behavioral Health Director, Health Care Guidance Program

Stephanie VanHooser, Nevada State Public Health Laboratory

Boni Facio Dy, MD, Nevada State Public Health Laboratory

Lindsey Dermid-Gray, Program Specialist, Women Infant and Children (WIC)

Sandra Ochoa, WIC

Shen Eggleston, Division of Health Care Finance Policy (DHCFP)

Gladys Cook, DHCFP

Rachel Marchetti, DHCFP

Deborah Spa, Health Care Guidance Program

Chair Bonnie Sorenson called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 9:25 a.m. Ms. Sorenson indicated the meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll call and introductions

Roll call was taken and it was determined that a quorum of the Maternal and Child Health Advisory Board was present.

2. Vote on minutes from the November 7, 2014 meeting (Exhibit A)

Chair Bonnie Sorenson asked if there were any corrections to the draft minutes from the November 7, 2014 meeting.

CHAIR SORENSON ENTERTAINED A MOTION TO APPROVE THE MINUTES. A MOTION TO APPROVE WAS MADE BY FRED SCHULTZ. DR. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Presentation from Nevada State Public Health Laboratory

Stephanie VanHooser, administrative director for the Nevada State Public Health Laboratory introduced herself and joining her for the presentation was Dr. Boni Facio Dy, administrator of the Newborn Screening Program. Ms. VanHooser informed the members the Newborn Screening Program has implemented a statewide program. The testing is done with the Nevada State Public Health Lab, the follow up coordinator is located in Las Vegas and backup coordinators are located in Reno. Ms. VanHooser informed the members the Newborn Screening Program went live in July 2014, and has tested a total of 33,612 specimens from July 2014 to December 2014. Dr. Dy explained the screening procedures for the first and second specimens. Dr. Dy shared the required information from screenings for accurate data entry and successful linking. The Nevada State Public Health Laboratory has identified a total of 21 disorder cases from July 1, 2014 to December 31, 2014. Ms. VanHooser shared some of the issues and challenges the Newborn Screening Program is experiencing. The most common issue is training submitters to enter in all the data accurately for linking result determinations and reports. The Newborn Screening Program is trying to implement an inventory control system for specimen cards for submitters due to issues of lost specimen cards. The software follow up program will soon generate Practice Profiles. Practice Profiles are a grading sheet for submitters that is based on the timeliness of submitting the samples, the completeness of the demographic information entered, and the efficiency of the reports.

Ms. VanHooser shared some future considerations and goals for the Newborn Screening Program. The program is working on generating auto-faxing of laboratory reports from the system. Future goals are also to start evaluating different methods for hemoglobinopathy screenings, along with screening for Severe Combined Immune Deficiency (SCID). Ms. VanHooser explained Newborn Screening is fee funded only; therefore, another source of revenue would be needed to implement some of the future considerations and goals. Vice Chair Veronica Galas questioned the total number of screenings compared with the birth rates in our area. Ms. VanHooser informed the members they are working with the Division through the School of Community Health Sciences on establishing a project to track the data

Chair Bonnie Sorenson thanked Ms. VanHooser and Dr. Dy for the presentation and invited them back for a future update.

4. Presentation on Nevada Medicaid Health Care Guidance Program

Dr. Amy Khan, Medical Director of the Nevada Health Care Guidance Program introduced herself and Dr. Ryan Ley, Behavioral Health Director. The Nevada Medicaid Health Care Guidance program was launched in June 2014, and is supported through a five year research and demonstration project. Nevada Medicaid Health Care Guidance Program is funded through a Center for Medicare and Medicaid Services (CMS) Research and Demonstration 1115 Waiver. The program is designed to improve health and health care outcomes for a subset of the sickest fee-for-service Medicaid beneficiaries.

Dr. Khan explained the four main goals of the program is to improve quality of care, health outcomes, satisfaction, and cost reduction. Nevada Health Care Guidance Program serves enrollees with qualifying conditions with a limit of 41,500 enrollees. Nevada Health Care Guidance Program serves 7% of total enrollees in Nevada Medicaid. Dr. Khan shared the qualifying conditions for enrollment for the Nevada Medicaid Health Care Guidance

Program. The conditions are: cerebrovascular disease, epilepsy, Diabetes mellitus, End Stage Renal Disease (ESRD), Chronic Kidney Disease (CKD), Coronary artery disease (CAD), Asthma, Chronic obstructive pulmonary disease (COPD), chronic bronchitis, HIV/AIDS, mental health disorders, musculoskeletal system diseases, neoplasm/tumor, obesity, pregnancy, substance use disorder, and complex high cost conditions. Excluded populations that are unable to be enrolled include: Dual-Eligible health care, Adoption assistance, foster care, Home and Community Based service Waivers (Section 1915c), Targeted Case Management (TCM) recipients, Managed Care Organization enrollees, Nevada Check-Up enrollees (CHIP), Emergency Medicaid, and Long-Term Care/SNF residents.

Nevada Health Care Guidance staff is based out of Nevada with the main office in Carson City, and the operations manager is based in Las Vegas. Nevada Health Care Guidance staff has a wide range of experience with case managers and care managers. They are familiar with the medical care community and they are distributed to serve the population across the state. They range from licensed registered nurses with specialties of complex case management or disease management, psychiatric nurses, as well as mental health providers, licensed clinical social workers, community health workers and pure specialists. Nevada Health Care Guidance program's approach is to have nurses, social workers, behavioral health and peer educators working from in-home and in the communities they serve, to improve care coordination, support transitions of care, provide access to 24 hour nurse advice line support, and redirecting beneficiaries away from the more expensive locations for service such as emergency departments. Staff has been hired all across the state to be in close proximity to the beneficiaries and providers they will coordinate between. Community-based care managers understand real obstacles and care limitations within the beneficiary and provider community. The Organization provides enrollee services by mailing materials and hand books, health education, online health resources, engage in one of the Eight Care Management programs and assist in securing transportation, and making appointments, etc. The success of this program depends on connecting these beneficiaries with their providers and keeping that engagement strong. The Organization's intent is to work with providers, both individually with providers with large Medicaid Fee for Service panels and collectively at state and regional levels with provider associations and boards to partner with them to support care with these patients. Dr. Ryan Ley shared the top prevalent conditions the organization is seeing within enrollees are behavioral health issues. The organization provides services for behavioral health care management by utilizing with Nevada-based staff to provide care management services. The Nevada Health Care Guidance program is in collaboration with ValueOptions Behavioral Health and Wellness and engages with local providers and stakeholders. Dr. Ley explained the organization has key behavioral health benefits working with licensed professionals, they help monitor and report clinical care gaps to providers.

Dr. Davis asked if there is any difficulty matching clients with dental providers. Dr. Davis also asked how many board members are on the Advisory Board for Nevada Health Care Guidance and how board members are selected.

Dr. Khan informed the members dentistry is not one of the targeted conditions that allow recipients to be enrolled into the program. If needed, they do have dental resources to refer to enrollees needing dental services. Dr. Khan explained the board consists of nine members with multi-specialty representation, multi-agency representation mixed with public, private

and academic representation. The members are selected by Dr. Khan and Dr. Ley and the Health Care Guidance Program.

Amanda Spletter questioned how the program upholds the gaps for foster care children getting dropped off of Medicaid Fee for Service and then being eligible again.

Dr. Ley informed the members the eligibility list was established by Centers for Medicare and Medicaid Services, the organization tries to work with social services such as Washoe County and Clark County to try help them as much as possible but if they aren't eligible unfortunately they cannot provide services.

Vice Chair, Veronica Galas, questioned how many are currently enrolled and what gaps are being recognized, what broader efforts are needed to help fill these gaps.

Dr. Khan shared there are around 39,000 currently enrolled with new enrollees added every month. Dr. Khan informed members the organization is working diligently to support individuals to get the care they need and working in a more systematic population based manner to identify and document critical needs.

Chair Bonnie Sorenson thanked Dr. Khan and Dr. Ley for the presentation.

5. Discussion and recommendation regarding 2015 Legislation pertinent to Maternal and Child Health Advisory Board

Chair Bonnie Sorenson shared bills of interest, including immunization and a number of bills related to obesity, nutrition, and exercise in schools. Other bills included topics such as safety restraint and general safety for children; sex education and mental health issues for children and adults.

Lisa Lottritz shared Washoe County Health District was looking for more information regarding Senate Bill (SB) 49 and SB 88. SB 49 is for emergency shelters for children which are currently viewed as a child care facility, the Senate Bill could change how they are categorized. Senate Bill 88 is for a child abuse and neglect registry.

6. Update from Southern Nevada Health District (SNHD) Regarding Healthly Start Grant Aisha Bowen informed the members the Healthy Start Program is a part of the Community Health Nursing Program at SNHD. The Community Health Nursing Program consist of six programs: Nurse Family Partnership, Healthy Start, Adult Refugee Program, Kids Clinic-Health Kids, Community Health Nurse Liaison, and the Maternal and Child Health Program.

The Healthy Start Program is a national program aimed to reduce disparity of ethnic groups, particularly communities with high infant mortality, low birth weight, preterm birth and maternal morbidity and mortality. Populations served are women, infants and families in specific communities. Families are being targeted within 16 different zip codes in Las Vegas and North Las Vegas. The targeted population is African American women of child bearing age, infants, and children through age two. The Nurse Family Partnership (NFP) will be a sister program with Healthy Start, case workers will refer those who are eligible to the Nurse Family Partnership for continued services. The Healthy Start Program has five goals: Improve Women's Health, Promote Quality Services, Strengthen Family Resilience, Achieve Collective Impact, and Increase Accountability through Quality Improvement, Performance Monitoring, and Evaluation. Four out of 22 benchmarks come from Healthy People 2020. Healthy People 2020 Maternal and Child Health objectives are to increase the proportion of participants who receive a postpartum visit, increase the proportion of infants

who are ever breastfed, increase the proportion of infants who breastfed at 6 months, and increase abstinence from cigarette smoking among pregnant women. The biggest goal to improve women's health is to ensure each participant has a medical home, as well as health insurance coverage.

The goals for promoting quality services are to increase the proportion of well child visits including immunizations for participating children between ages 0-24 months and to increase the proportion of participants who engage in safe sleep behaviors. Goals to help strengthen family resilience and increase the proportion of participants who receive intimate partner violence (IPV) screening, also to increase the proportion of Healthy Start participants that read daily to their child between ages of 0-24 months.

Areas of accountability include activities such as having in place a formal quality improvement and performance monitoring process, and conducting local evaluation-which has already begun to take place with their contracted services with the Nevada Institute for Children's Research and Policy (NICRP). The Healthy Start program will be utilizing an actual home visiting program that ensures case management and compressive coordination of care for the participants.

The Community Action Network (CAN) has set forth goals to reduce infant mortality, low birth weight, preterm birth and maternal mortality. Goals also set forth to improve maternal and perinatal health in communities with greatest needs. Ms. Bowen shared the average statistics on infant mortality in 2009 in the US was 6.75%, in Nevada was 5.9%, and for African American community in Nevada was 11.6%. Low birth weight in 2011 in US was 8%, in Nevada was 8.2% and for the African American community in Nevada was 13.6%. Preterm birth statistics in 2011 was 12% in the US, 13.2% in Nevada and 18.7% for African American community in Nevada. The maternal mortality rate in 2010 in the US was 12.1%, in Nevada was 10.4% but was 4 times more likely for the African American community in Nevada. CAN collective impact is being thought of as an extension of existing efforts toward improving maternal and child outcomes. The Healthy Start programmatic goals are to contribute to the pushing forward of this collective impact. Ms. Bowen shared the Nevada Children's Report Card 2014 and encouraged efforts to impact the report card improving maternal and child health.

Lisa Lottritz asked if the staffed nurses will be conducting the home visiting. Margarita DeSantos informed the members it is mixed, with two registered nurses, one is a certified case manager another is a clinical based nurse. They are only using health professionals and have identified a curriculum from Florida State University that will be used to train staff. Dr. Marsha Matsunaga-Kirgan asked if the School of Medicine's clinics will provide services to pregnant patients that are further along in their term. Ms. DeSantos informed the goal is to get women covered by insurance, they will help find solutions for those who aren't covered by Medicaid and such types of assistance.

7. Reports

Deborah Aquino informed the members there is a new employee, Debra Vieyra, the Children and Youth with Special Health Care Needs coordinator. MCH is beginning to work on a medical home portal website and enhance developmental screenings for children.

Veronica Galas asked about the Obesity Prevention and School Health Program Report referencing Senate Bill 442 regarding body mass index (BMI) data from the schools. Is BMI data collection going to be available for viewing and evaluating?

Jessica Lamb informed members there is data available from 2012-2013 that will be available to the members following the meeting.

Michelle Gorelow updated members on the Nevada Statewide Maternal and Child Health Coalition. The Coalition held an MCH Adolescent Health Symposium in January with over 100 attendees. The coalition also partnered with the March of Dimes for a Women's Health Symposium in November 2014 with over 100 attendees. The Coalition is working on future plans.

Barry Lovgren spoke under public comment. Mr. Lovgren spoke on the Perinatal Substance Use Prevention media campaign now being implemented. This campaign publicizes the availability of federally funded substance use treatment for pregnant women. Mr. Lovgren thanked the Maternal Child Health Advisory Board, Deborah Aquino, Beth Handler, Andrea Rivers and Vickie Ives along with staff who have helped this campaign publicize substance use treatment services for pregnant women.

8. Discussion and review of Maternal and Child Health Advisory Board Bylaws

Bonnie Sorenson offered to work with Deborah Aquino for needed language changes to the Bylaws for review at the next meeting

CHAIR SORENSON ENTERTAINED A MOTION TO WORK WITH DEBORAH AQUINO FOR LANGUAGE CHANGE TO THE BYLAWS AND REVIEW AT NEXT MEETING. A MOTION WAS MADE TO BRING BACK TO THE NEXT MEETING BY AMANDA SPLETTER. VERONICA GALAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT

9. Discussion and recommendation regarding consideration of new appointees, and/or to renew expiring terms for MCHAB members. Recommendations will be submitted to the Nevada State Board of Health (BOH) for appointment.

Deborah Aquino informed members two positions are now vacant. Positions previously had representation from rural areas and representation for children with special health care needs. Maintaining a variety of disciplined representation on the board, along with geographic coverage is encouraged. There are seven purposed candidates for the two vacant positions on the MCHAB.

Fred Schultz opted out of the vote for the vacant positions due to a conflict of interest, one of the candidate works with him.

Tyree Davis made the suggestions to invite the purposed candidates to a meeting so the board has the opportunity to meet the candidates.

A MOTION TO SCHEDULE AN ADDITIONAL MEETING AND INVITE PROPOSED CANDIDATES TO A MEETING GIVING THE BOARD AN OPPORTUNITY TO MEET THE CANDIDATES WAS MADE BY

DR. TYREE DAVIS. DR. MARSHA MATSUNAGA-KIRGAN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

The board decided to hold the meeting on March 27, 2015 at 10:00 A.M.

10. Discuss and recommend agenda items for the next meeting scheduled May 1, 2015 Bonnie Sorenson recommended reviewing the revised Bylaws and the two vacant positions to be filled. Veronica Galas recommended having a legislative update. Deborah Aquino recommended having a preliminary report for the MCH Needs Assessment.

11. Public Comment

No public comment

12. Adjournment

Meeting was adjourned at 11:35 A.M.